

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069935

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36	1	1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				1
52		1				1
53		1				1
54		1				1
55		1				1
56		1				1
57		1				1
58		1				1
59		1				1
60		1				1
61		1				1
62		1				1
63		1				1
64		1				1
65		1				1
66		1				1
67		1				1
68		1				1
69		1				1
70	1	1				1
71		1				1
72		1				1
73		1				1
74		1				1
75		1				1
76		1			1	1
77		1			1	1
78		1			1	1
79		1			1	1
80		1				1
81		1				1
82		1				1
83		1				1
84		1				1
85		1				1
86		1				1
87		1				1
88		1				1
89		1				1
90		1				1
91		1				1
92		1				1
93		1				1
94		1				1
95		1				1
96		1				1
97		1				1
98	1	1				1
99		1				1
100		1				1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						